REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0334		LICENSE CERT OR PERMIT 90000		
Code assigned by DC				
Job Title or Type of License, C	ertification, or Permit:	DEFERRED DEPOSIT TRANSACTION LAW LICENSE		
Agency Address Set Contributing Agency:				
DEPARTMENT OF BUSINES	S OVERSIGHT	03918		
Agency authorized to receive of	criminal history information	Mail Code (five digit code assigned by DOJ)		
320 WEST 4 TH STREET, SUIT	ΓE 750			
Street		Contact Name		
LOS ANGELES, CA	90013-2344	(866) 275-2677		
City State	Zip Code	Contact Telephone No.		
Name of Applicant:				
	Last *	First * MI		
Alias:		Driver's License No.		
Last	First	, Misc. NO. BIL-		
Date of Birth:*	Sex: Male Female	ale		
Height:*\	Weight:*	Misc. No:		
Eye Color:*	Hair Color:	Home Address:*		
Place of Birth:*		Street or P.O. Box		
SOC:*		City, State and Zip Code		
Your Number:		Level of Service: ODOJ OFBI		
OCA No. (Agency Identifying No.)				
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies specified by statute)				
DO NOT COMPLETE THIS SECTION				
Employer Name				
Street		Mail Code (five digit code assigned by DOJ)		
City State	Zip Code	Agency Telephone No. (optional)		
Live Scan Transaction Comple	eted by:	Date:		

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Amount Collected/Billed

ORI: A0334	**	LICENSE CERT OR PERMIT 90000		
Code assigne Job Title or Type of Lice	ense, Certification, or Permit:	DEFERRED DEPOSIT TRANSACTION LAW LICENSE		
	t Contributing Agency:			
	USINESS OVERSIGHT	03918 Mail Code (five digit code essigned by DO I)		
Agency authorized to re	eceive criminal history information	Mail Code (five digit code assigned by DOJ)		
320 WEST 4 TH STREE	ET, SUITE 750			
Street		Contact Name		
LOS ANGELES, CA	90013-2344	(866) 275-2677		
City St	ate Zip Code	Contact Telephone No.		
Name of Applicant:				
	Last *	First * MI		
Alias:		Driver's License No.		
Last	First	. Misc. NO. BIL-		
Date of Birth:*	Sex:	ale		
Height:*	Weight:*	Misc. No:		
Eye Color:*	Hair Color:	Home Address:*		
Place of Birth:*		Street or P.O. Box		
SOC:*		City, State and Zip Code		
Your Number:		Level of Service: ODOJ OFBI		
OCA No. (Agency Identifying No.)				
If resubmission, list Ori	ginal ATT No.			
Employer: (Additional response for agencies specified by statute) DO NOT COMPLETE THIS SECTION				
Employer Name	DIVIPLETE THIS SECTION			
Employer Name				
Street		Mail Code (five digit code assigned by DOJ)		
City State	Zip Code	Agency Telephone No. (optional)		
Live Scan Transaction	Completed by:	Date:		

ATI No.

Transmitting Agency

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Amount Collected/Billed

ORI: A0334	•••	ion: LICENSE CERT OR PERMIT 90000		
Code assiç	gned by DOJ			
Job Title or Type of L	License, Certification, or Permit:	DEFERRED DEPOSIT TRANSACTION LAW LICENSE		
Agency Address	Set Contributing Agency:			
DEPARTMENT OF BUSINESS OVERSIGHT		03918		
Agency authorized to	o receive criminal history informat	Mail Code (five digit code assigned by DOJ)		
320 WEST 4 TH ST	REET, SUITE 750			
Street		Contact Name		
LOS ANGELES,	CA 90013-2344	(866) 275-2677		
City	State Zip Code	Contact Telephone No.		
Name of Applicant:				
	Last *	First * MI		
Alias:		Driver's License No.		
Las	t First	Mr. NO DII		
Date of Birth:*	Sex: O Male O I	Female Misc. NO. BIL-		
Height:*	Weight:*	Misc. No:		
Eye Color:*	Hair Color:	Home Address:*		
Place of Birth:*		Street or P.O. Box		
SOC:*		City, State and Zip Code		
Your Number:		Level of Service: ODOJ OFBI		
OCA No. (Agency Identifying No.)				
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies specified by statute)				
DO NOT COMPLETE THIS SECTION				
Employer Name				
Street		Mail Code (five digit code assigned by DOJ)		
City State	Zip Code	Agency Telephone No. (optional)		
Live Scan Transaction	on Completed by:	Date:		

ATI No.

Transmitting Agency